S. No. 2
—1-4-41
. 5-17-39
P I X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21540

Registration District No. [redacted] 24 Primary Registration District No. 4147 Registrar's No. 1285

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Buffalo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas
(c) City or town Buffalo (If outside city or town limits, write "RURAL") 31 0
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SARAH ANN BIRZENDINE

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb (Month) 6 (Day) 1941 (Year)

8. AGE: Years ..... Months 4 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Buffalo (City, town, or county) Missouri (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Lonnie Birzendine
13. Birthplace Jackson Co Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah E Miller
15. Birthplace Oregon Mo (City, town, or county) (State or foreign country)

16. (a) Informant Lonnie Birzendine
(b) Address Buffalo Mo

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof July 6 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lone Pine

18. (a) Signature of funeral director ..... (b) Address Buffalo Mo

19. (a) 7-10-41 (Date received local registrar) (b) Tracy Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1941 hour ..... minute ..... A.M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Natural Causes	
Due to Cause of death unknown Probably Suffocation	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 218
While at work? (Specify type of place) (e) Means of injury 3

23. Signature Herbert H. Scott (M.D. or Coroner)
Address ..... Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-41-1206
Date Filed 7-22-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.